

Carolyn Edmonds, *Board of Health Chair*

**BOH Members:**

Richard Conlin  
Dow Constantine  
George W. Counts  
Jan Drago  
Carolyn Edmonds  
Ava Frisinger  
Larry Gossett  
David Hutchinson  
David Irons  
Kathy Lambert  
Frank T. Manning  
Bud Nicola  
Margaret Pageler  
Alonzo Plough

**BOH Staff:**

Maggie Moran

## **KING COUNTY BOARD OF HEALTH MEETING PROCEEDINGS**

**March 16, 2001  
9:30 AM to 12:00 PM  
Seattle City Council Chambers**

### **Roll call**

- Greg Nickels
- Ava Frisinger
- Kent Pullen
- Larry Gossett
- David Irons
- Richard Conlin
- Alvin Thompson
- David Hutchinson
- Alonzo Plough

### **Call to order**

Chair Greg Nickels called the meeting to order at 9:42 AM.

### **Announcement of Alternates**

Chair Nickels acknowledged Mayor Ava Frisinger from Issaquah as an alternate to Board Member Dan Sherman.

### **Introduction of new Board Administrator**

Chair Nickels introduced the new Board Administrator, Maggie Moran. Chair Nickels noted that Ms. Moran joined the Board staff with over 15 years of health and human services management experience, including her recent tenure as a county health director in Oregon and her years of service as Deputy Commissioner for the Vermont State Health Department.

### **General Public Comments**

Noting a lack of quorum, Chair Nickels invited **Mr. Steven Richmond** to come forward to address the Board. Mr. Richmond stated that fifteen years ago he was a news photographer in the Burien and SeaTac area. In retrospect he recognized a pattern of news events describing problems of health, crime and tragedy, that appeared to precede development. He stated that upon investigation he recognized a pattern with SR 509, [the Burien Freeway proposed extension where it ends at 188th near the Airport], that exactly matched the

proposed extension of 509. This pattern, he stated was a straight line path of suicide, fire, cancer, an escaped prisoner, and crime. Mr. Richmond stated that in his opinion there was an ongoing and highly organized effort to remove landowners from the path of development. He stated that these patterns were compelling enough to warrant a study of non-natural causes of death; specifically traffic deaths, cancers, murders, suicides and arsons. He recommended studying them in the context of transportation corridors. He stated his belief that private interests did not have the power of eminent domain or condemnation, so they were competing with private residents and farms. When roads were planned or when they're rezoned for commercial use, the land values are affected within that corridor and commercial interests were attracted to that corridor. Mr. Richmond suggested that speculation was attracted. He noted the recent murders in the Des Moines area and stated his belief that those murders occurred in the vicinity of proposed extension of 509 near Des Moines that connected to some of the transportation arterials. Mr. Richmond indicated that he had been writing letters for the last two years to elected officials and nothing had happened. He stated that he would like to see this issue addressed and requested assistance and suggestions on how to proceed.

Chair Nickels thanked Mr. Richmond for his remarks. Chair Nickels referenced research that was undertaken by the Department of Health a number of years ago that looked at cancer clusters in that area.

Dr. Alonzo Plough confirmed that a study had been done. Dr. Plough indicated that he would forward the results of the study to Mr. Richmond.

In the absence of other public members wishing to come before the Board, Chair Nickels closed the public comment period.

### **Adoption of the minutes**

Chair Nickels noted that a quorum had been achieved and called for a motion to adopt the minutes. Minutes were moved and seconded. Chair Nickels called for additions and corrections.

Board Member Thompson indicated that an essential question he had raised in the context of the discussion on breast cancer treatment was not reflected in the minutes [Is mammography always accompanied by clinical breast examination?"] The correction was noted.

The minutes of the January 19, 2001 Board of Health meeting were approved with correction as noted.

### **Chair's Report**

Chair Nickels directed the board members' attention to the meeting schedule.

Chair Nickels announced that the Department's Tobacco Prevention Program was the recipient of the 2001 Outstanding Achievement Award from the Division of Alcohol and Substance Abuse. Chair Nickels noted that the award was presented annually to individuals and programs that had made significant contributions to the health of the State of Washington through the provision of substance abuse prevention, intervention and treatment services. The Department's Tobacco Compliance Check Program was singled out for excellence. Chair Nickels asked that **Greg Hewett**, Tobacco Prevention Manager, and Scott

Neil, Compliance Check Coordinator, stand and be recognized for receipt of the 2001 Outstanding Achievement Award.

Chair Nickels provided a summary of the Board of Health's involvement in youth access to tobacco issues. In a related matter, Chair Nickels noted that the State Legislature was considering Substitute Senate Bill 5993. He indicated that the intent of SSB 5993 was to revise limitations on smoking in public places. He stated his belief that the bill was consistent with the direction that the Board of Health took in 1997 when the five point Youth and Tobacco Action Plan was developed. Chair Nickels stated his belief that the bill provided a step in the right direction in that it would ban smoking in all restaurants that allow persons under the age of 18. He further stated that while the bill won't ban smoking in bars and therefore it doesn't full comply with some of the goals that were laid out in the Plan. He stated his belief that it would be a very strong step. Chair Nickels cited the supporters of the SSB 5993 and especially noted the endorsement by the Washington Restaurant Association. He indicated his belief that many restaurants would like to go smoke-free, but due to their competition did not believe that they could afford to. Chair Nickels noted that King County's voluntary compliance rate was about 70 percent, therefore the effect in King County, while significant, would not be huge. He noted that in other parts of the State SSB 5993, if passed, would have a huge impact and protect children in particular, but also the workers and others who patronized those establishments.

Chair Nickels asked the Board to consider a motion to support the Substitute Senate Bill 5993. He distributed copies of a draft resolution for Board members to consider. Chair Nickels, stating some known concerns about the bill, invited Greg Hewett, the Department's Tobacco Prevention Manager to address the Board.

Mr. Hewett summarized what he believed to be the strengths and weaknesses of the bill.

He indicated that the bill, although it appeared to be headed in the right direction, there remained a few lingering concerns. He noted his interest in watching the bill in the House since it had recently passed the Senate. Mr. Hewett noted that King County already had a 68% smoke-free rate. He noted that if bars and restaurants with bars attached were removed, King County would actually have closer to a 94-95% smoke-free rate. Mr. Hewett stated that one of the concerns was related to the Clean Indoor Air Act's implied preemption, which meant that counties were prohibited from passing stricter laws than what the State has already prescribed. He stated that the Clean Indoor Air Act had only been implied, not formally written into language. With SSB 5993 the language was written in such a way that if it passed, there could be written preemption. Mr. Hewett indicated that this aspect of the bill was under scrutiny due to the concern that it could affect counties down the road from taking stronger action to prohibit smoking in bars.

The other concern stated by Mr. Hewett was related to health. He stated his concern that secondhand smoke should not be defined as a health problem specific to youth. He offered that second hand smoke affects everyone; everyone that walked into a bar or restaurant. He stated that the bill did not include protection of workers in restaurants with attached bars or stand alone bars.

Chair Nickels asked Mr. Hewett a question related to preemption and the County's authority to ban tobacco use in restaurants. He asked Mr. Hewett if the County had that authority.

Mr. Hewett replied that among others, the Attorney General's Office, had indicated that preemption was implied but that nothing had really been defined. He stated the current

concern about whether or not this bill would define the limits and thus might prohibit jurisdictions from bringing up additional prohibitions related to bars in the future.

Chair Nickels framed the question as to what the County would in effect be giving up and what it stood to gain with SSB 5993.

Chair Nickels paraphrased the issues that Mr. Hewett had and stated his agreement. Mr. Nickels stated that he believed that this was an issue not only about children and trying to keep them from starting smoking until they reached the age of majority, but it was also a worker's issue. He further stated that it was about everyone who was exposed to secondhand smoke. Chair Nickels posed the question about whether or not this bill would take the County in the right direction. He summarized the cultural shift that had taken place relative to exposure to second hand smoke; citing examples about people no longer going into conference rooms and smoking. He pointed out that people no longer light up in many places that they previously felt very comfortable lighting up in the past. He restated his belief that SSB 5993 would serve as another step in that direction.

Chair Nickels indicated that he thought Mr. Hewett correct that workers in other establishments, not covered by this bill would begin to say, "What about me?" He stated his belief that in a relatively short period of time there would be a movement to extend this, noting that once the owners of those others establishments would learn that it did not affect their bottom line to go smoke-free, but it in fact, positively influences that bottom line. As for bowling alleys, Chair Nickels surmised that more families with kids would be bowling because these establishments were now smoke-free.

Chair Nickels concluded his remarks by stating that with any compromise you give something up. He stated that he thought what was to be gained was much greater and as spelled out in the draft resolution, the bill would serve as a first step; one that was consistent with the Board's policy. Chair Nickels urged the Board to consider the resolution and invited the board members to speak out on this issue.

Board Member Thompson asked a rhetorical question: "Is a bar, which is an integral part of a restaurant, still a bar?" He stated that he thought the word "bar" and the word "restaurant" would have to be defined in the legislation. He stated his objection to interdicting smoking in a separate bar because people go in a bar to ingest a poisonous substance deliberately. He stated that when they go into a restaurant they go in to ingest a nutritious substance, reflecting a personal choice. He concluded by stating that he thought that what constituted a bar and what constituted a restaurant when it is contiguous to a bar still needed to be defined.

Mr. Hewett responded by noting that one of the confusing issues that needed to be clarified was that the definitions had been defined at the State level. When bars and restaurants are attached the question becomes what divides the two areas. He restated the concern that this bill called for the establishment of a nine member Board. He noted that this board would be unique and there hadn't been too many RCW's or laws passed in the State of Washington that actually got enforced and implemented by a Board. He expressed concern about the potential for lobbying of Board members; members who represent both the industry and health officials. He posed the following questions: "Would the division between a restaurant and a bar be something like a potted plant as proposed by the industry six years ago? So where are we going with this?" Mr. Hewett expressed the need to be careful and make sure that the definitions that were being called for are defined and actually do what the bill was probably intended to do; prevent secondhand smoke from entering the restaurant.

Board Member Colin informed the Board that he had recently attended a conference workshop wherein a number of mayors and council members from other cities around the United States and Canada were talking about their attempts to implement activities like this. He noted that mayors from cities, where they had wound up implementing smoking bans in restaurants, were finding extremely positive responses, that in fact, it had not adversely affected revenues. He further noted that those other cities reported an initial shakedown period, but once they got past that, the restaurants wound up acknowledging that things were okay. Board Member Conlin stated that it was the same experience found in restaurants here, which have already gone smoke-free voluntarily.

Board Member Conlin noted that these other cities had addressed some of the same issues that were reflected in the Board's discussion. He noted that some of these cities defined bars based on a percentage of revenues that came from alcohol. He further noted that their principal problem was with restaurants that were concerned about remaining competitive with bars. Conversely the bars were expressing the desire to be defined as a restaurant. He noted the complications that arose in arriving at specific definitions. He informed the Board that the point he wanted to make was that if they could look at the language in the bill to determine if there are any things that could be changed to make it clearer that the Board was not foreclosing future possibilities. He noted in some cases, relatively modest changes in language, could assure that the door remained open. He thought it was important to acknowledge that workers were in fact the people who are exposed to the secondhand smoke most of the time. He cited that there were people who are exposed to second hand smoke up to 10 hours a day. Board Member Conlin suggested that the Board review the language in the bill. He questioned whether or not the Board needed to do anything further. He questioned whether or not there might be something that the Chair and others could do to see if there were some modest changes in wording that could in fact avoid some of the foreclosure of other options.

Chair Nickels responded by restating the Board's commitment in protecting workers, the general public, as well as children. He referenced the action section of the draft resolution which stated that the bill represented a first step and that the Board would support legislative activities that are consistent with and advance the Action Plan adopted four years ago. Chair Nickels stated his belief that the bill provided some flexibility insofar as negotiating the strongest possible provisions in statute.

Chair Nickels called for a decision on the resolution.

The resolution was moved and seconded. Chair Nickels read the resolution for the record:

*"Whereas, the King County Board of Health is committed to protecting workers, the general public and children from tobacco exposure.*

*Whereas, the King County Board of Health in 1997 endorsed the Youth and Tobacco Action Plan focused on five key areas, preemption laws, billboard setback, banning tobacco use in restaurants, placement of tobacco products in stores and placement of advertising in stores.*

*Whereas, the King County Board of Health remains committed to reducing secondhand exposure to tobacco smoke through a repeal of State preemption laws and supports legislative efforts to assure that this remains a viable option in the future.*

*Whereas, King County Board of Health remains committed to the banning of tobacco use in restaurants.*

*Whereas, the King County Board of Health remains committed to protecting the health of all citizens.*

*And whereas, the King County Board of Health through Substitute Senate Bill 5993 is the first step toward achieving the objectives outlined in the Youth and Tobacco Action Plan.*

*Now, therefore, be it resolved that the King County Board of Health recommends to the Metropolitan King County Council that the County support Substitute Senate Bill 5993 as a first step toward meeting the objectives outlined in the Youth and Tobacco Action Plan. And two, that Public Health, Seattle and King County, be directed to support legislative activities that are consistent with and designed to advance the Youth and Tobacco Action Plan."*

Chair Nickels called for any discussion on the motion.

Board Member Pullen inquired as to whether copies of SSB 5993 could be made available to members of the Board. Board Member Pullen suggested that further discussion be delayed until such time that copies of SSB 5993 could be made available.

Chair Nickels agreed and called for a brief delay in discussion. Chair Nickels then commenced with the introduction of the first presenters. He reminded board members of an earlier presentation by representatives of King County Mental Health, the Chemical Abuse and Dependency Services Division about involuntary treatment regulations. He introduced Sergeant Elizabeth Eddy as the presenter for the overview of the Seattle Police Department's Crisis Intervention Team and Eleanor Owen, the President of Washington Advocates for the Mentally Ill.

Sergeant Eddy informed the Board that she had been on the Seattle Police Department for 22 years, 20 of which have been as a hostage negotiator. She noted that in 1992 she was made the team leader for the hostage negotiation's team. She provided background about the team's inception that primarily stemmed from observations she had made about the increased number of calls that her team were dispatched to, involving mentally disturbed individuals. She referenced several incidents that occurred in 1996 and 1997 that precipitated her seeking out additional training for hostage negotiations team members. Based on strong community and Department consensus that the Department needed to better respond to this population, a committee was formed consisting of members from the Police Department, Mental Health, Washington Alliance for the Mentally Ill, and community members. Sergeant Eddy noted that the committee looked into programs around the U.S. and determined that the best fit for Seattle was a program developed in Memphis, Tennessee. The Memphis model included a cadre of officers, specially trained in how to respond to people in crisis. Portland Oregon had also adopted the Memphis model and thus she and her colleagues traveled to Portland to talk to officers and mental health providers. She further noted that Portland had also developed a crisis triage unit which was not in existence at the time in King County, however it has since been developed at Harborview.

Sergeant Eddy mentioned that the first class of officers graduated in February 1998 after having completed 40 hours of training. The total complement of officers trained to date was 203, of that number 160 are in patrol; covering all precincts and watches. Sergeant Eddy provided an overview of the training officers receive. Trainers included professionals who

specialized in psychiatry, geriatrics, children's mental health, substance abuse and suicide prevention. In addition she noted that officers received training on how to communicate with mentally ill people.

Sergeant Eddy referenced several well-known incidents, described the intervention and the outcomes of these events. She articulated the goals of the team including the desire to better serve mentally ill individuals who are in crisis and to stop the revolving door of individuals with mental illness ie., individuals caught up in the judicial system due to minor offenses stemming from their illness. She noted that significant improvements had been achieved in the communication between the police and King County mental health professionals. She referenced the efforts of the Department in exploring early intervention when officers took notice of individuals with significant mental illness.

Board Member Pullen asked for clarification about the apparent mismatch of Sergeant Eddy's presentation and the title as noted in the agenda.

Board Member Thompson indicated that the title "Criminalization of Mental Illness" was selected, at his request, because people with mental illness are incarcerated, killed and treated as criminals when what they have is mental illness.

Board Member Pullen indicated that he thought the title conveyed a very different message. He pointed out that he thought it sounded like the Board was trying to criminalize mental illness. He expressed his hope that the public or anyone who received this packet would not get the impression that the Board was attempting to criminalize mental illness.

Dr. Plough indicated that that was not the intent of the Board of Health nor the Department.

Board Member Gossett noted that he didn't know whether or not the title was appropriate but he did think that the topic was relevant for the Board of Health to deal with given that the biggest mental health facility in King County were the King County Jail. He cited that a large number of mentally ill persons are ending up in the county jail and given that, he understood why people would say that the county was responding to the mentally ill as if they were criminals rather than establishing effective facilities and treatment to deter incarceration.

Board Member Pullen responded by stating that if the title had been intervening to deal with incarcerated inmates in the jail who also concurrently have mental illness, then that would more accurately describe the subject the Board needed to work on in the future.

Board Member Thompson responded by noting that he thought it was highly appropriate to describe the problem. He stated that criminalization of mental illness was the problem and that the problem should be addressed as it occurred, not only in the jails but on the streets.

Sergeant Eddy continued with additional comments related to the officers training. She noted that the majority of the instructors were not police officers. The 40 hours of training consisted of sections on mental disorders, taught by a psychiatrist who used to be the attending psychiatrist at Harborview; geriatric mental disorders taught by a representative from the Geriatric Response Team of Evergreen Health Care; a representative from Children's Crisis Response Team, and a representative from WAMI who provided the family perspective. Additionally there was a section on chronic public inebriates and eight hours specific to high risk situations, such as suicides. The last day of training, the officers learn about some of the available local programs. She specifically mentioned the Crisis Triage Unit and the Homeless Outreach Stabilization program. With the Crisis Triage Unit the goal was to get officers to recognize that they could use the Crisis Triage Unit as an alternative to booking in

low level misdemeanor offenses. She stated specific examples when the officer encountered a serious offense involving a mentally ill person where the usual process would be to book them into jail and the corresponding issues with the prosecutor's office as to whether or not they're going to get treatment or a competency hearing. With low level misdemeanor offenses - shoplift, trespass, minor property damages, the goal of the CIT was to have the officer evaluate the situation and make a determination as to whether or not mental illness was a factor and if so, channel the individual towards treatment resources rather than through the jails. Sergeant Eddy noted that in cases where public safety was at risk, officers would in some cases, still utilize the Crisis Triage Unit first, with the back up of a police hold on the individual if necessary.

Board Member Thompson agreed that the officers did not have to be diagnosticians. He questioned Sergeant Eddy about the criteria used by the officers to ascertain whether or not the individual was mentally ill.

Sgt. Elizabeth Eddy responded by stating that the officer was primarily looking at the individual's presenting behavior. Using an example to illustrate what she meant, Sergeant Eddy noted the difference between a shoplifter that went into a store, grabbed a couple of steaks and stuck them in their pants and then tried to sneak out the door, and when apprehended, usually owned up to the act. She noted that this shoplifter's behavior was different than the shoplifter that went into the store, opened a jar of raspberry jam and smeared it in their ear or their nose, or in some cases grabbed food and consumed the food on the premises.

Sergeant Eddy inquired of the Board as to whether or not they were familiar with the Mental Health Courts in the city and county. She stated that in some of the more difficult cases, officers had to assure that the individual utilized the Crisis Triage Unit and the voluntary services as a condition of release. If those efforts were not successful the option exists to book the individual into jail with a recommendation to Mental Health Court; a court that was prepared to deal with the issues surrounding the mental illness. She noted that Judge Levinson's court and her staff used a teamwork approach, including the Public Defender's office with the main goal to do what was in the best interest of the individual brought before the court while protecting public safety.

Sergeant Eddy concluded her remarks by citing several statistics. She noted that since the Crisis Intervention Team was created, suicide related calls to the hostage negotiation team had been reduced by 62%. She noted future goals of bringing the total complement of officers up to 200 which would require running a class or two each year. She referenced an experimental program wherein an officer was assigned to work very closely with mental health professionals to help them if they needed extra information for their cases or to liaison with the Dangerous Mentally Ill Offender Committee.

Board Member Thompson commented that it was good to see the evolution of the police force away from the old Chicago enforcer model to the present helping model.

Board Member Hutchinson inquired about whether or not King County Sheriffs or other law enforcement agencies in Washington State had similar programs to which Sergeant Eddy responded in the negative.

Board Member Hutchinson commented that he thought King County Council members should take note. So noted by Board of Health members representing King County Council.

Chair Nickels invited Eleanor Owen from NAMI to commence her remarks.



Ms. Owen began her remarks with a personal anecdote about a recent situation involving a family. She indicated that she had been contacted by family members of a young man who was in the process of being evicted. Ms. Owen described the intervention with the man, his family's concerns, the concerns of the landlord and the man's apparent unwillingness to accept assistance from anyone. Despite their repeated attempts to get the man to accept assistance he responded by accusing them of trespass and in turn contacted the police. Ms. Owen stated that two officers responded to the call and concurred that they were improperly in this man's apartment and told them that they needed to leave. Upon exiting the apartment, Ms. Owen said she introduced herself to the officer and stated their reasons for being at the man's apartment. Upon so doing, she noted that the officers' reaction was phenomenal. She stated that the officers then tried for over an hour to convince this young man that his family was trying to help him. Ms. Owen reported that the desired outcome was not realized that day, however she felt that example illustrated what everyone was trying to accomplish; keeping track of what is happening to the man and trying to provide appropriate interventions.

Ms. Owen stated her belief that the problem encountered by the community was one wherein, under the guise of protecting civil rights, we ended up criminalizing individuals at a rate unknown in the history of this country. She stated her belief that society punished individuals even though there was considerably more scientific knowledge about mental disorders than was available decades ago.

Ms. Owen questioned the wisdom in taking a person who was already paranoid and already out of control and then placing that person in handcuffs, locking them in jail, and subjecting them to a strip search. She stated that without exception, that person was going to become worse and therefore it would become worse for everyone because it would take longer for that individual to regain his or her health.

Ms. Owen commented on her growing impatience ie., the call for more studies. She cited the body of evidence that already existed; that state hospitals in the 50's were entirely self supporting. Today, she noted, taxpayers currently paid \$365 a day to keep 1,000 people in state facilities. She commented on her observations that in order for a person to live safely in the community and for the community to feel safe, the hospitals were caring for people who were good customers, ie., they took their medication, came to treatment programs, and didn't give anybody trouble. In regards to the sickest individuals, she commented that the care system could no longer take care of them because of current laws that require incarceration. Ms. Owen stated her belief, that in order to reverse this trend, a careful review of existing laws needed to be undertaken as well as an assessment of what society intended to do in order to protect individuals. She called for a review of civil rights and a reevaluation of community expectations regarding recovery.

Ms. Owens stated her belief that the problem was solvable. She referenced a bill currently under consideration by the State Legislature that would allow judges and courts to take into consideration circumstances wherein an individual had rotated in and out of the system or had refused to take medication. She called for the development of short-term housing where individuals could receive appropriate care up to the time when he or she was stable enough to resume caring for him or herself.

Ms. Owen concluded her remarks by noting her belief that officers who completed the CIT training offered an individual in crisis an opportunity to regain control of the situation and their behavior in that situation. She closed by encouraging Board of Health members to

prevail upon the State Legislature to fund mental health programs and other supports for this vulnerable population

Board Member Pullen, commenting on Ms. Owen's reference to pending legislation, referred to funding proposals as false economy bills. He stated that the underlying intent appeared to be saving money when in fact persons with mental illness found themselves out on the street; without access to necessary treatment. This then pressured other social services and eventually the criminal justice system ended up dealing with the "criminalization" issue.

Acknowledging time constraints, Board Member Pullen inquired about the possibility of the Board authorizing the Chair to communicate to the County Council and the Legislature the Board of Health's concerns about the proposals to reduce mental health funding.

Chair Nickels indicated that an oral motion to that effect would be appropriate. Chair Nickels summarized what he understood were the issues: The first, the Governor's budget proposal which reduces beds at the State Hospital and the second, the reallocation of the county funding formula. He noted that King County current allocation was approximately per capita, but an amount much more than other counties received. He referenced the formula that would cost the King County mental health program \$12 million a year or \$24 million a biennium. He stated the expressed concerns from other, smaller counties about their continued ability to refer their residents to King County services in the event that King County loses funding. Chair Nickels noted that the Legislative Steering Committee of the Council were already aware of this issue and working on it, however he believed that an expression of concern by the Board would be appropriate and helpful .

Board Member Gossett made a motion to express the Board's concerns about the Governor's proposal to reduce the beds, the problems with the funding formula and the reallocation and its damage to funding programs at the County level. He requested that the Chair be authorized to express those concerns through the County Council and directly to the State Legislature. The motion was seconded and approved.

Chair Nickels requested that the Public Health Officer formalize the motion in a letter. Chair Nickels indicated that he would assure that the Chair of the County Council and the Chair of the County Legislative Steering Committee and the County Executive were informed of the Board of Health's concerns.

Board Member Gossett requested clarification from Ms. Owen relative to her statement about hospitals being self-supporting before 1950. Ms. Owen responded by noting that state hospitals in every state including Washington, were entirely self-supporting. She stated that they raised their own cattle and food. She indicated that the system had grown more complicated. She used a personal example to illustrate her point. She stated that her son was at Western State Hospital many, many years ago, and that he was on a ward that was unbelievably filthy. Because of her active involvement in her son's care, she got a group of parents together and painted the walls. She was told that she was not permitted to paint the walls because she was doing union work. She stated that it became impossible for people who could be doing productive work to do it under the current system. She stated that Senate Bill 5423, which is called the Ticket to Work Bill would enable individuals with major mental illnesses, who are in recovery and stable enough to go out and get a job, to get a job and maintain their medical benefits. She emphasized that she thought it was one of the most important Bills in the State Legislature this session.

Ms. Owen closed by inviting the Board of Health, at some future date, to view a documentary that featured individuals with severe mental illness engaged in a building project.

Board Member Gossett indicated his endorsement of that idea as did other members of the Board.

Board Member Thompson thanked Ms. Owen for her presentation, expressing his hope that at some point the Board could look at the issue of getting into the mental health system as well as getting out. He indicated that without legislation it was impossible for mental health professionals to change the threshold in which they recommend treatment.

Board Member Thompson suggested that there ought to be, in the public health fashion, some criteria for all mental health units, to look at outcomes, such as how well do they put people to work or make them functional in some way or another. The criteria for success ought to be changed to reflect how well the provider or organization could move the individual towards becoming productive.

Chair Nickels requested a return to the motion that was on the table relative to Substitute Senate Bill 5993.

Board Member Conlin indicated that he had not had the opportunity to review the language of the statute. He stated that he thought there was a lot of work that needed to be done regarding the wording, citing an example related to the age for admittance being different in various sections of the bill. He noted that there appeared to be an opportunity to craft language more responsive and effective and not preempt some of the things that the Board is concerned about happening in the future.

Board Member Conlin indicated that he was comfortable with the resolution on the assumption that it was in draft form. He suggested a friendly amendment to the resolved clause; suggesting that the recommendations be made to the Metropolitan King County Council, and the City of Seattle and Suburban Cities. He further suggested that number one be amended to say "That King County, the City of Seattle and Suburban Cities support SSB 5993."

Board Member Conlin indicated that he thought it was appropriate for the Board to relay this message to all of the governing bodies and ask that they take a look at it.

Chair Nickels called for a vote on the motion and the amendment. The motion passed.

Chair Nickels concluded the Chair's Report with a review of future agenda items.

### **Director's Report**

Dr. Alonzo Plough invited members of the Local Hazardous Waste Management Program (LHWMP) panel forward. Dr. Plough indicated that he had directed Chair Nickels' attention to LHWMP last fall. He described the program as a long-standing regional partnership involving the Suburban Cities, Public Health, Seattle Public Utilities, Seattle and King County and two divisions within King County Department of Natural Resources; Water and Land Resources and Solid Waste. Dr. Plough noted that the collaboration was managed by a coordinating committee whose membership was made up of senior managers from each of the partner agencies. He stated that it has been 10 years since the original plan, with a focus on utilizing public health and environmental control approaches to the management of hazardous waste from households and small businesses, was implemented.

Dr. Plough stated that the Board of Health had statutory and code responsibilities, particularly related to the management of funds, and therefore he thought it was important for the Board to increase their understanding of roles and responsibilities relative to the LHWMP. He noted that the presentation would not include all elements of the program, however it would provide an overview of some of the code and State mandated issues that impact the Board of Health. He noted that the intent was to follow up at a later date with presentations from the partners not represented at that meeting.

Dr. Plough introduced Dr. Ngozi Oleru, Environmental Health Chief, who he stated would present an overview of the codes and ordinances as well as provide an overview of the Public Health role in the LHWMP. He noted that the King County Prosecutors' office was consulted regarding the interpretation of the code and statutes. Dr. Plough also introduced David Galvin, Department of Natural Resources (DNR) Manager of Water and Land Resources, and Jeff Gaisford, Manager of Waste Reduction and Recycling Programs as the presenters for the DNR program overview. .

Board Member Conlin acknowledged his understanding that the Board would only be hearing from a few of the partners. He stated his appreciation for the Department's work. He further stated that he appreciated the fact that this partnership was a delicately created and extraordinarily effective regional partnership in which the City of Seattle, the Suburban Cities, the Health Department, and the King County divisions had collaborated together and had a very strong management system. Board Member Conlin noted that he was aware of a number of concerns that had been expressed about the presentation, specifically how it was initially created and conceived. He expressed his hope that the presentation would address and answer some of those concerns. He stated his hope that future presentations about the program would include all of the management team present at the table.

Board Member Gossett concurred with Board Member Conlin's remarks indicating that he had been contacted by representatives from the Suburban Cities. He indicated that Suburban Cities expressed surprise about this subject being brought to the Board of Health.

Dr. Plough responded that the presentation was a preliminary overview, noting that time constraints did not allow time to address all elements of the program. He further restated that what would be accomplished would be an overview of the governance of the program and a very brief overview of activities undertaken by the Department of Public Health and Department of Natural Resources.

Dr. Ngozi Oleru directed the Board of Health's attention to copies of the overhead slides. She stated that the local hazardous waste management program (LHWMP) in King County was a collaborative program between Public Health, Seattle, King County, the King County Solid Waste Division, the King County Water and Land Resources Division, Suburban Cities and the City of Seattle. Dr. Oleru stated that the program was a regional hazardous waste and pollution prevention efforts that worked together to, protect public health and the environment, minimize public and work force exposures, promote the use of less toxic alternatives and provide assistance for safe collection, handling and disposal of hazardous materials.

Dr. Oleru provided a brief history of the program starting with its' inception in 1985. At that time the state required local jurisdictions to develop and implement a program to manage hazardous waste from sources that were previously unregulated, such as households and small businesses. King County, Seattle and the Suburban Cities designed a collaborative regional program to address the states' mandate. The Solid Waste Interlocal Forum at that time reviewed the draft plan and recommended that jurisdictions throughout the County

adopt the plan. Dr. Oleru noted that the local hazardous waste program was incorporated by reference into the Solid Waste Comprehensive Plans for King County and Seattle.

In the years 1990 to 1992, the Plan was adopted by King County, Seattle and the Suburban Cities and was also approved as required by state mandate by the Department of Ecology. In 1991, Seattle and King County Boards of Health adopted identical fees to fund the regional program implementation. The Boards of Health also established the Interagency Management Committee (MCC), to recommend an annual work plan and budget.

In 1997, an update of the Plan was prepared, and affirmed by the King County Board of Health in 1998. Dr. Oleru directed the Board's attention to the organizational chart describing the King County Board of Health as the oversight mechanism for the program with a Management Coordinating Committee as created by the Board of Health. She noted that the MCC was staffed by senior managers from the five partner agencies or jurisdictions - Solid Waste, Water and Land Resources, Public Health, an elected official from the Suburban Cities Association, and a representative from the Seattle Public Utilities. She also mentioned that in addition to the MCC there was also a Technical Planning Committee. She further noted the recent hiring of a program administrator; hired to support long-term planning as well as to serve as a liaison between the Technical Planning Committee and the MCC.

Dr. Oleru referenced the County Code, the King County Board of Health Code and the Seattle Municipal Code, and described the powers that were assigned to the Management Coordinating Committee. She specifically noted that the MCC was responsible for accepting and recommending a management plan and budget for the reduction of moderate risk waste. In addition she noted that the MCC was charged with developing an annual plan and budget and reaching agreement on that particular plan and budget by consensus of the entire committee. She added that in the event that the committee could not reach consensus, the code required that the committee provide a majority and minority report to the Board and to the Seattle City Council.

Dr. Oleru referred to the interagency agreements and the interlocal agreements between the County and 36 Suburban Cities including the City of Seattle, in which the Health Department is charged with coordinating the MCC meetings. She noted that the agreements call for the Department to compile the annual work program and the budget, and transmit the recommended annual plan from the Management Coordinating Committee to the Seattle and King County Boards of Health for their consideration.

She further stated that the interlocal agreements also included a provision that the Health Department produce an annual memorandum of understanding with each of the jurisdictions and that they approve and recommend a plan and a budget.

Dr. Oleru indicated that the Health Department, as the manager of the funds for the program, was also responsible for providing quarterly financial updates to the Management Coordinating Committee, reimbursing expenditures by program partners and assuring that funds did not exceed the amount approved by the King County Board of Health and the King County Council.

Dr. Oleru provided an overview of the revenues indicating that 8% of the revenues came from State grants out of the local toxic control account, 71 percent came from solid waste generation [fees collected from households, businesses, haulers, Suburban Cities, and transfer stations] and 21 % from Seattle Public Utilities. She noted that the current year program budget was \$1.6 million. Dr. Oleru informed the Board that the interlocal agreements break out the budget by allocating 18% to Seattle public utilities, 5% to

Suburban Cities. She indicated however that the funds allocated to Suburban Cities was not a true reflection of the services received, because in addition to grants that go to the Suburban Cities, the Cities also receive services from the Public Health Department from King County, Solid Waste and Water and Land Resources.

Chair Nickels queried Dr. Oleru as to whether the services were County wide or County wide outside of Seattle to which Dr. Oleru responded that they were county wide outside of Seattle.

Dr. Oleru completed the review of the budget allocations by stating that 20% of the budget was directed to Public Health, 28% in Solid Waste and 29% in Water and Land Resources.

Dr. Oleru proceeded to provide an overview of the specific activities undertaken by Public Health. Specifically she stated that the activities were carried out in seven areas with an annual budget of \$2.5 million. She stated that services were delivered to small quantity generators; businesses that generate hazardous waste of less than 220 pounds per month. She noted that there were currently about 30,000 small quantity generators in King County. The focus of this activity was to change behavior. She noted that another activity was the business waste line. This particular phone line provided about 3,000 in depth technical assistance consultations per year. This kind of consultation was to the 30,000 small quantity generators in King County and provided a gateway for these businesses to access other services provided within the program. She described the Industrial Materials Exchange Program, or IMX program, that turns disposal costs into savings. The free program connected businesses that produced waste to businesses who needed certain types of waste in their production. The Department published a by-monthly catalog and maintained an internet site. Dr. Oleru noted that about 200 exchanges per year have been documented at an estimated savings of \$8.4 million since 1990.

Dr. Oleru informed the Board that another activity done by Public Health was the household hazards line; a phone line providing over 18,000 household hazardous waste consultations per year. Through that phone line information was dispensed on pollution prevention, indoor air quality, and community toxics. People were also given technical assistance and links to other services.

Dr. Oleru noted other activities including coordination for evaluation; household hazardous waste education; administration of the fund, program contracts, interlocal and interagency agreements; and grants administration to the Suburban Cities and the Master Home Environmentalist Program. Dr. Oleru concluded her remarks by noting that the funds administered for the Master Home Environmentalist Program comes from the City of Seattle and not the LHWMP fund.

Board Member Hutchinson asked for clarification from the presenters regarding what agency they each represented. Clarification was provided. He queried whether or not other members from the MCC would be providing presentations at a later date, referencing an earlier conversation he had had with Kathy Keokler-Wheeler.

Dr. Plough responded that attempts had been made to present the entire program in one meeting, however due to the cancellation of the February meeting and other schedule glitches, the decision was made to move forward with the presentation.

Jeff Gaisford introduced himself; stating that he worked for the King County Solid Waste Division. He directed the Board's attention to the overhead slides, drawing their attention to the budget figure of \$3 ½ million. He stated that the majority of the money was spent on the

collection of household hazardous waste and that this area represented the Division's primary role in the regional partnership.

Mr. Gaisford provided information about the waste mobile stating that it was a primary service and a very popular and very successful program. He referenced a recent telephone survey of King County residents; 70% of whom stated that they knew about the waste mobile. He stated that the waste mobile accepts materials from households and operated in various locations throughout the County. He noted that the service was offered from February through November, and included 42 separate events throughout the County and two waste mobiles were operated during the summer months because that time of the year tends to be busier.

Mr. Gaisford indicated that they completed a study last year, on the level of service provided around the County. Based on their findings, they were looking to undertake two pilots to improve the level of service in south and eastern King County. In the south end of the County they intend to offer one day collection events the same Saturday every month from February through November in the cities of Kent and Federal Way. He stated that east side pilot would look at collecting household hazardous waste at one of the King County transfer stations in order to encourage disposal of household hazardous waste when people do their recycling. He specifically mentioned that most of the material collected at the transfer stations about 96%, were recycled and reused, and only 4% is incinerated or treated.

Mr. Gaisford described the community education provided at the waste mobile. He noted that they are able to reach about 85% of the customers and indicated that the face to face communication has been very effective. Education is also provided in grades 4-12. He noted that part of the program included working with teachers. He stated that in 2000 the program reached 8,000 students.

Mr. Gaisford described the Targeted Waste program that has as its focus the two largest waste streams, oil and paint. This program focused on the private sector. The program promoted private oil collection facilities throughout the County so people have opportunities to dispose of their motor oil. In 2000, 365 gallons of oil were collected at these facilities. Another material that Division staff were working on providing alternatives to latex paint, by working with area retail stores to collect unused latex paint from their customers. He noted that all paint is reused and recycled with approximately 30% being recycled back into another paint product. Mr. Gaisford concluded his remarks by stating that future Targeted Waste efforts included looking at mercury and determining what could be done about the proper disposal of mercury.

Dave Galvin introduced himself; stating that he worked for the King County Water and Land Resources Division. He stated that the Water and Land Division was involved in the regional partnership due to its' expertise in water and waste water issues. In particular he noted their role in keeping hazardous chemicals out of the waste water stream, out of biosolids that are recycled, and out of local streams, lakes and rivers in King County.

Mr. Galvin indicated that his unit represented roughly 29% to 30% of the total program's budget. and that his unit provided a lot of diverse services in household education, business, education and outreach field services.

Related to household education, Mr. Galvin cited activities related to increasing general public awareness, working with community groups, maintaining a website dealing with education about household products and consumer products. He stated that they provided direct work with the Master Home Environmentalist program. He acknowledged Board

Member Conlin as being one of the founders of the program more than 10 years ago. He stated, that in addition, they were involved with efforts to reduce the use of pesticides; utilizing a very well organized consortium of agencies, called the Natural Lawns Campaign. He mentioned one of the more popular and publicly recognized promotional characters, Burt the Salmon, was used to convey messages about the reduction in use of hazardous chemicals on lawns.

Mr. Galvin referenced the integration of their programs with the programs described by Mr. Gaisford. He noted that they spoke to school aged kids and tried to convey the message of hazard awareness related to certain products as well as alternatives to reduce exposures. He cited specific examples of their work with the Girl Scouts and 4-H.

Mr. Galvin briefly described coordination with small business audits and their publication "the Yellow Book that provided essential information about hazardous chemicals. He noted a special recognition program called "Envirostars" where businesses that were doing a good job dealing with hazardous chemicals were publicly recognized.

Board Member Thompson inquired about mercury in dental offices and whether or not the program worked with dentists.

Mr. Galvin stated that mercury was one of the concerns in dental offices. He also stated that dental offices also had small photo labs that used x-ray chemicals including silver. He indicated that mercury used in amalgams was one of the primary concerns.

Mr. Galvin concluded his remarks by stating that they provided selected special services including Rehab the Lab. This program consisted of on-site visits to high schools and middle schools in King County. The goal of the program was to work with school personnel in their science laboratories to assess the chemical inventories and help in the removal of some of the more dangerous and old chemicals no longer in use. They have already visited about two thirds of the schools.

Mr. Galvin withdrew a small bottle that was collected at the very first household hazardous waste collection in the United States, held in Seattle in 1982. The bottle was labeled "Death to Moles" and contained little tablets of pure strychnine. He cited the bottle as an example of the kind of the things that are still being swept out of homes all over King County.

Board Member Thompson inquired about the type of products found in schools.

Mr. Galvin responded that they were seeing a variety of chemicals, including ethers, ethyl ether, elemental sodium and potassium. He mentioned that they had spent over \$60,000 already in the program just to bring in emergency people that could stabilize volatile chemicals.

Board Member Hutchinson commented that at a recent Suburban Cities meeting Kathy Keokler-Wheeler had proposed that they take a position against diazinon. Board Member Hutchinson indicated that Ms. Keokler-Wheeler intended to bring it before the Suburban Cities Board the following week.

Mr. Galvin provided some background information on diazinon. He noted that the U.S. Geological Survey had found a number of pesticides in some of the streams in King County, many of them coming from residential usage. He stated that the pesticide of most concern, was diazinon. He stated that the insecticide diazinon, was one of the common products used for crane flies in lawns. The EPA decided and recommended that diazinon be phased out for



residential use. He indicated his agreement with the EPA recommendation, noting that EPA recommended phase out over four years and the Division was encouraging a more timely phase out.

Chair Nickels indicated that, based on several members comments, that the next meeting of the Board should include the other partners to do a similar presentation on the other aspects of the program; thereby providing the Board with a full picture.

Board Member Hutchinson indicated that Ms. Keokler-Wheeler had suggested the month of May.

Chair Nickels indicated that if May would work better that coordination could occur to make that happen. He noted that he thought it was important to gain an understanding of the Board's role.

Board Member Thompson commented about the interdisciplinary aspect of the program.

Chair Nickels concurred and noted that it was a very successful program that had not come to the Board's attention very often and that the Board needed to take the opportunity to learn about it.

Board Member Hutchinson asked if it was the Health Department that ran the books? Chair Nickels responded that he gathered that the Board of Health was the statutory lead.

Board Member Frisinger inquired about whether or not it might be possible in May to discuss the statutory lead role because it was her perception that the program was essentially a broad regional consortium and that there was not a single agency that served as the spokesperson.

Chair Nickels agreed that it would be important to clarify the Board's role. He noted that he thought it was an interagency coordinating committee that was established by what was then the separate Boards of Health for King County and Seattle. He further stated that in the event of a policy issue or the lack of consensus amongst members of the coordinating committee that the Board understands its' role.

Chair Nickels invited Dr. Plough to continue his report.

Dr.Plough introduced Mike Smyser and invited him to begin his presentation.

Mr. Smyser introduced himself and acknowledged the contributions of his colleague and co-author, Sandy Ciske. He began his presentation by stating that an important report, developed by the Department, pointed to a disturbing and continued presence of discrimination in the health care system that was directed at racial and ethnic minority populations.

Mr. Smyser noted that the report on racial and ethnic discrimination encompassed three sources of information; two random surveys and in-person interviews. The two surveys, conducted in 1995 and '96 respectively, called the "Ethnicity and Health Survey", surveyed seven of the largest ethnic communities in King County, including about 2,400 adults. It also included a more recent survey, the "Communities Count 2000 Survey," which included 1,500 adults.

The in-person interviews were conducted by the Bill Hobson of the Cross-Cultural Health Care Program under contract with the Department. This survey provided more details in terms of what the discrimination consisted of from the individual's perspective.

Mr. Smyser posed the question of how common were reports of discrimination in King County in health care settings? Based on a review of the data, Mr. Smyser indicated that they began to note that something was very wrong. He cited specific examples where about one third of the African-Americans surveyed, reported that they had experienced discrimination in health care settings. In addition, some of the other groups that were included in the survey, Filipino-Americans, Korean-Americans, Latino-Americans respondents also reported high percentages of discrimination when they sought health care. Mr. Smyser noted that one of the drawbacks to the survey design was that it did not identify time frames. He stated that in the next survey, the Communities Count Survey, they were better able to pinpoint the age of the information to respondent's experiences that occurred within the past year. Mr. Smyser summarized the findings: 51% of African-Americans reported discrimination in any of the settings. Some of the other groups, Asian-Pacific Islanders about one-third, Latino respondents and all persons of color about 40% of respondents reported some discrimination in any setting. The rate for the county overall was 28%.

Mr. Smyser posed the rhetorical question, "why focus on health care at all?" to which he responded that health care served to reflect what people were reporting as discrimination in other settings. He noted that health care settings were places where people were vulnerable. They sought expertise and were asked to provide trust to those providing that expertise. In health care settings, the surveys found that 1 in 6 African-Americans reported that they felt that they had been discriminated against. In general, 9% of persons of color, 1 in 10, reported experiencing those feelings in the past year. For King County as a whole, the survey results indicated that about 1 in 20, so the findings indicated a much higher rate of experience for persons of color than for County residents at large.

Mr. Smyser stated that discrimination in health care settings included incidents of differential treatment to rude behavior and racial slurs. Many of the respondents had more than one story. Half of the reported events [78 events reported by 51 people that were interviewed], occurred within the eight months prior to the survey. All of the events were perceived to be racially motivated. The events occurred in 30 different facilities, both public and private located all over King County.

Mr. Smyser indicated that respondents were queried about their responses to the perceived discrimination. About half of the respondents filed complaints, either verbal or written. Many respondents mentioned actively avoiding personnel and/or facilities where the incident took place. Some of the respondents reported delay in treatment due to the negative experience

Mr. Smyser referenced the findings of the Ethnicity and Health Survey, especially noting the increased delay in seeking care in this population relative to the population as a whole. He particularly noted that other barriers to care such as socioeconomic status and insurance status appeared to be independent of this outcome.

Mr. Smyser turned to the issue of perceived discrimination as it related to differential treatment or access to quality care. He noted that there was a lack of locally available data that documented the extent of discrimination. Data that was available reflected individual's perceptions of being mistreated. He noted that they were currently unable to collect race and ethnicity on hospitalization data, or to make any comparisons within the actual services that were delivered to people, unlike 27 other states in the country that were able to do so. He

referenced a number of studies that had been conducted around the country, indicating significant differences in medical care received by persons of different racial and ethnic background. He noted that the interesting thing about these studies was that differential treatment and access to care in most of the studies could not be explained by such factors as socioeconomic status, insurance coverage, stage or severity of the disease, other diseases or illnesses they might have, co-morbidities, and type and availability of health care services and patient preferences.

Several studies documented differences with respect to certain types of cancers such as lung and colon. African-Americans were often less likely to receive major therapeutic procedures. In one study of nursing homes, African-Americans with cancer, were found to be 63% less likely to receive any pain medication.

Mr. Smyser stated that four public forums with consumers, advocates, health care advocates and providers were held which lead to the formulation of a set of recommendations directed at health care institutions. One of the recommendations was to train all health care providers and support staff in cultural competency. Mr. Smyser cited the need to incorporate cultural competency measures into individual performance evaluations and to periodically evaluate training to improve its effectiveness. He stated that providers should be able to respectfully obtain cultural and ethnic heritage information of clients when this information was a necessary component of providing quality service. He further emphasized the need to make sure that there were changes in institutional policies to maintain a non-discriminatory workplace; assuring a diverse work force at all levels.

Mr. Smyser closed by stating the need to continue some studies that would contribute to eliminating discrimination through collection of information regarding race and ethnic background. He indicated that if the information wasn't collected sensitively or at all, that they could not begin to know the extent of the problem or the process that should be taken to solve the problem. Mr. Smyser stated that findings of the surveys would be disseminated widely and that they were planning to co-sponsor a major community forum with several other community organizations to discuss strategies to eliminate discrimination.

Dr. Plough thanked Mr. Smyser for his presentation and echoed his sentiments about the importance of the study. Dr. Plough noted that the Department would be bringing the results of the study to the Steering Committee of the King County Health Action Plan. He noted that he had the opportunity to also present the study results to the Washington Association of Black Health Professionals.

Board Member Thompson stated that he thought the presentation at the Association of Black Professionals was an excellent one. He stated that he believed it was extremely important that it be recognized that everyone was prejudiced and that there were times when expressions that we heard as children became part of our language, even though nothing was meant by it. He stated that he believed it was important to try to appeal to the professionalism of the various health care professionals, not just doctors, citing the nursing profession as instrumental in setting the tone. He acknowledged the importance of presenting this information to the medical societies, the health society and the Nurses Association.

Dr. Plough wrapped up the Director's report by referencing an upcoming presentation on the Heroin Report and the SDT summit. Dr. Plough provided a brief update on measles; noting that there had been a total of 12 cases. He stated that this was very unusual in the context of what was usually seen in King County. He noted that the Department had investigated about 140 different reports of suspicious rashes requiring approximately 1,600 staff and expending about \$60,000 above and beyond the routine cost of the program. He stated that this

outbreak raised the very importance of monitoring, tracking and assuring that all children got their eight specific immunizations.

Chair Nickels inquired about whether or not the Department had identified the source of the initial case.

Dr. Plough responded that the Department was not able to definitively find the incident case. He indicated that at the same time there were a number of exposures that could have been related to the very large measles outbreak in Korea.

Chair Nickels inquired about Child Profile. He indicated that he had received a briefing which indicated that there were gaps in the vaccination database that suggested that it may not be as useful a tool in this context. He inquired about whether or not there would be any forthcoming recommendations as a result of this outbreak.

Dr. Plough responded that Child Profile was designed to assist providers and parents in tracking the immunizations of their patient or children. He further stated that it was not designed as a monitoring system or surveillance system to help in outbreak control, however he mentioned its potential. He noted that there had been discussions about the database related to immunizations and standards of preventive services for children.

Chair Nickels commented that there appeared to be a number of options for consideration, noting that 20 states currently had similar profiles and that in six of the 20 states the profile was mandatory. Chair Nickels stated that his comments should serve as an invitation to staff to look at the recent outbreak as a case study and to suggest potential changes in policy that the Board should consider.

Chair Nickels reminded board members about the meeting evaluation included in their packets and invited them to fill them out.

Chair Nickels adjourned the meeting at 12:20 PM.

KING COUNTY BOARD OF HEALTH

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s/Greg Nickels/s